

**PROGRAM INFORMATION:**

***Our Mission:*** *Using Sanctuary practices and principles, we help youth and families overcome adversity and build positive futures within a safe, holistic, trauma-focused environment that respects individuality, promotes healing and strengthens community.*

Harborcreek Youth Services (HYS), a 501(c)(3) nonprofit corporation, has a 100+ year history of providing residential services to adolescent males from Erie County and other counties throughout the Commonwealth of Pennsylvania. In the past two decades, we have been redesigning our residential services in response to changes in funding requirements and treatment focus. First, the traditional juvenile justice focus was expanded to include dependent children. In 2005, Harborcreek Youth Services implemented changes in its residential programs to become a Psychiatric Residential Treatment Facility. In 2006, our agency achieved accreditation from the international Council on Accreditation (COA) and attained re-accreditation in 2010, 2014, 2018 and 2022.

In 2007, Harborcreek Youth Services embarked on a goal to become a trauma-informed organization. In early 2008, we were selected to become a Sanctuary Model pilot agency by the Pennsylvania Department of Human Services. The process took almost three years and was accomplished through leadership, training, self-evaluation and practice. In 2011 we satisfied the requirements for Sanctuary Certification by the Andrus Center Sanctuary Leadership Institute which reflects an agency-wide commitment to a therapeutic culture. Sanctuary Principles and Practices continue to be an integral part of the HYS organizational and treatment culture.

To provide trauma focused treatment, Harborcreek Youth Services engaged the Child Trauma Institute for training and supervision. The Institute's interventions are research based and the most appropriate strategies in working with children experiencing trauma. The focus of this trauma-informed model is to help youth with problem solving skills, develop individualized safety strategies that are updated monthly, and develop the capacity to resolve personal trauma.

Harborcreek Youth Services has an Admissions Team to review referrals. The Admissions Team consists of two Intake Coordinators, an Admissions Coordinator, Compliance Officer, Clinical Director and the Directors of Nursing, Residential Services, Finance and Treatment Services and Education. The Team reviews every referral and determines the acceptance and any initial goals impacting admission of each youth. Harborcreek Youth Services does not accept crisis admissions.

Harborcreek Youth Services has a well-established Youth Advisory Board (YAB) that provides input and relevant feedback on a wide array of issues ranging from menu choices to recreation and other aspects of the residential life experience. In addition, we have a well-established and active Board of Directors that provides leadership to the Executive Administration.

In 2006, Harborcreek Youth Services initiated an agency-wide Performance and Quality Improvement (PQI) Program. The program is designed to promote the delivery of quality services and to assist the agency in its efforts to achieve strategic and program goals. Specifically, Harborcreek Youth Services continually monitors its management and operations systems, key quality factors in its service delivery program, program outcomes, youth satisfaction and youth outcomes. Agency leadership has established quality expectations and broad strategic goals that merit overview. Both internal and external stakeholder participation in the quality enhancement process is encouraged. Similarly, results of improvement initiatives are communicated regularly to a diverse group of agency constituents.

Harborcreek selects performance measurement indicators that relate to primary agency domains such as management, operations, program results, and client outcomes. We collect measurable data in aggregate form in order to identify patterns and trends such as case record review reports, client satisfaction data, compliance, and pilot project outcome measurement (such as the successful Restraint Reduction Initiative).

As part of an ongoing Performance & Quality Improvement initiative, Harborcreek Youth Services has developed a Compliance Sub-Committee with representatives from all departments at our agency to address broader systemic issues ensuring the quality of services as needed with governmental and licensing bodies. The goal is to enhance compliance standards through continuous discussion of current practices, review existing policies and implement any needed improvements.

Harborcreek Youth Services is a Type O1 Psychiatric Residential Treatment Facility (PRTF). The agency is licensed by the Pennsylvania Department of Human Services under PA Code 55, Chapter 3800: Child Residential and Day Treatment Facilities and the Office of Mental Health and Substance Abuse Services. PRTF candidates must meet the medical necessity criteria as determined by a licensed psychiatrist. Harborcreek Youth Services' PRTF program provides treatment to male youth between the ages of twelve and eighteen from all PA counties who are diagnosed with a behavioral health concern and who usually have delinquency and/or dependency issues.

Funding sources for Psychiatric Residential Treatment Facilities include Managed Care Organizations such as Community Care Behavioral Health Organization (CCBHO), PerformCare, Carelon, Magellan Behavioral Health, and the Pennsylvania Medical Assistance Fee for Service Program. In addition to annual licensing inspection visits from both the Bureau of Human Services Licensing and the Office of Mental Health and Substance Abuse Services, Harborcreek Youth Services undergoes a rigorous recertification process with each of the Managed Care Organizations on a 2–3-year basis. We are also inspected by the Pennsylvania Department of Health for compliance with Federal regulations.

Harborcreek Youth Services utilizes a custom electronic health records system (myAvatarNX™). This system helps the agency provide higher quality and better coordinated care for our youth, reduces paperwork, and increases overall treatment efficiencies. myAvatar™ helps us monitor clinical documentation so that we can be certain that we are capturing all required information. The intake summaries, progress notes, counseling notes, evaluations, social histories, treatment plans, treatment meetings, medical documentation and billing information are automated in this system. Efforts continue to capture the results of trauma-related and other behavioral health assessments in myAvatarNX™, which will greatly expand the clinical outcomes information HYS will be able to share with stakeholders.

## **TREATMENT PHILOSOPHY AND MODEL**

### **Developmental Trauma Model:**

Harborcreek Youth Services is a Sanctuary Agency and employs a Developmental Trauma Treatment Model. This model recognizes the impact of complex trauma on a youth's development, acknowledging that a youth may experience difficulties in emotional, behavioral, cognitive, and even physical development that can interfere with necessary growth and change. Treatment must be customized for each youth meeting them where they are at and providing a safe environment in which they can learn and progress.

**Multi-Sensory Approach to Treatment of Trauma:**

HYS has been informed by recent advances and thought leaders in trauma research, which indicate that the impact of trauma may be stored throughout the body and will require more than traditional talk therapy for healing and growth. For this reason, HYS relies heavily upon multi-sensory treatment modalities delivered by therapists, some of whom are certified and licensed as appropriate for the discipline, including Art Therapy, Music Therapy, Yoga, Therapeutic Writing, Eye Movement Desensitization and Reprocessing, Nature-Based Counseling, and others. Therapists provide individual therapy at a minimum of 1 hour per week to work on specific goals in the areas of Safety, Emotion, Loss and Future.

**Good Life Program (for Problem Sexual and Other Harming Behavior):**

The Good Life Program provides a trauma-informed, cognitive behavioral therapeutic approach for youth who have been referred with a history of problem sexual behavior. Begun in 2018 this program is based on the *Good Lives Model for Adolescents who Sexually Harm* (Print and Ward 2013.) By using the Good Lives Model, we are employing an assessment and planning tool which assists the youth in realistically understanding what motivated their past behavior, and which changes are necessary for them to live the best life they can imagine. By addressing trauma and envisioning a potential future “Good Life”, youth begin to build hope for their future which is critical to motivation in treatment.

**Family Involvement:**

Families, caregivers and other supports are critical to each youngster’s treatment at HYS. Parent and family involvement in the assessment, planning and treatment process is essential to the provision of quality treatment services. Harborcreek Youth Services recognizes that partnering with families enables the youth to maintain and improve vital family relationships during their stay in residential treatment. Because many families and supports live at a distance from HYS, the agency employs audio and visual technology to connect with families as appropriate.

**Team Delivered Care:**

Treatment services at Harborcreek Youth Services are provided in a treatment team format, in keeping with our commitment to Sanctuary. The HYS treatment team is comprised of all of the staff who support or provide that youth’s care, as well as the youth and their family. The youth’s Interagency Treatment Team includes Unit staff, HYS education staff, as well as the youth’s home school district staff, resource manager, child psychiatrist or psychiatric nurse practitioner, therapist, clinical director, finance and treatment services director, referral agency, county mental health or managed care representative, probation officer and/or caseworker, the youth’s parents or family resource, and the youth.

Services are subcontracted when the specialty care or credentials required are uncommon, too costly to employ directly, or can only be obtained by experts elsewhere in the community. Services that are currently subcontracted include child psychiatry, music and art therapy, drug and alcohol counseling and tutoring of youth via the Barton Reading and Spelling Systems; names of the subcontractors will be provided upon request.

Teams determine the appropriate level of care; monthly service planning and provision; exploration of goals and community services to resolve family concerns that would otherwise extend the youth’s stay; discharge and aftercare planning; and follow-up services.

**Daily/Weekly Treatment Activities:**

- Individual therapy is once per week for an hour (therapeutic hour is 50 minutes), this is a minimum, most youth get additional individual time weekly.
- Family therapy is once per week for an hour.
- All units have weekly Dialectical Behavior Therapy (DBT) group for an average of 30 minutes
- ARISE Life Skills groups are done twice per week for 30 minutes each
- Sanctuary Community Meetings are done at least two times daily (length varies)
- Most youth have additional therapies: art, music, writing, loss support, drug and alcohol, and TRE
  - Music therapy groups are twice weekly for a total of two hours per week. Individual music and art sessions are one hour per week.
  - Writing therapy group is typically 90 minutes per week.
  - Loss support sessions vary in length depending on the client's needs.
  - Drug and Alcohol group is 90 minutes per week, and youth in D&A counseling each receive at least one hour of an individual session per month.
  - TRE is done individually and with small groups. The length of the sessions depends on the youth.

**Diversity, Equity and Inclusion (DEI):**

Harborcreek Youth Services is a certified Sanctuary organization, and this is in our Mission statement as an overarching policy. DEI/social responsibility is baked into the Sanctuary Commitments as well as being one of the TIC principles. Our Developmental Trauma model incorporates this as an expectation. Diversity and cultural competency training is provided as part of the new employee orientation training as well as required for all employees annually.

The demographics of HYS staff currently meet or exceed the racial and ethnic diversity of our residents: Our resident population is classified as 75% Caucasian/Hispanic/Latino and 25% Black/Bi-Racial/Asian Pacific Islander while staff is classified as 70.2% Caucasian/Hispanic/Latino and 29.8% Black/Bi-Racial/Asian Pacific Islander. These demographics fluctuate according to referrals and staff turnover and recruitment.

The agency welcomes diversity of all staff and residents into the treatment environment and program. Throughout the year, projects and events (such as Sanctuary Day) provide an opportunity for all residents to participate in carefully planned activities which promote the Sanctuary Commitments like social responsibility, change and growth, and emotional and social intelligence. Youth are engaged in planning these activities. Further, Sanctuary community meetings are held at least once daily in which residents are given an opportunity to discuss their goals and feelings and listen to those of their peers. Residents with specific spiritual or cultural needs are given support through the program staff.

**De-escalation and Restraint Reduction:**

In 2019, HYS trained all staff in the Ukeru system, a trauma-informed approach to de-escalation and crisis intervention. Ukeru promotes a hands-off approach which gives youth the space and time to self-regulate without triggering a hands-on restraint. HYS intends to reduce the use of Emergency Safe Physical Interventions "ESPI" (hands-on restraints) by 70% through the implementation of Ukeru, increasing the safety for youth and staff. HYS will continue to train staff in the use of JKM Systems' Safe Crisis Management, which addresses the use of ESPI when needed.

**BRIEF DESCRIPTION OF EACH PROGRAM:**

Harborcreek Youth Services has four (4) psychiatric residential treatment units located at the campus (5712 Iroquois Avenue, Harborcreek, PA 16421) that serve youth with acute mental health ICD-10 diagnosis who have a history of treatment for mental health disorders in a lesser restrictive setting and may also have a history of problem sexual behavior. These youth may be under court supervision due to delinquency or dependency. The average length of stay is 8 months. Ages and dorms vary at the different units; dependent upon the psychological and emotional maturity of the youth, not just chronological age

**ST. JOSEPH HOUSE**  
PRTF, 12-Bed UnitDHS Certificate of Compliance Number: 403830  
PROMISE ID# 001410380 0020**WAGNER HOUSE**  
PRTF, 16-Bed UnitDHS Certificate of Compliance Number: 403850  
PROMISE ID# 001410380 0021**COLUMBUS HOUSE**  
PRTF, 16-Bed UnitDHS Certificate of Compliance Number: 403810  
PROMISE ID# 001410380 0023**HUDSON HOUSE**  
PRTF, 12-Bed UnitDHS Certificate of Compliance Number: 454480  
PROMISE ID# 001410380 0053**OTHER PRTF PROGRAM FEATURES:****Sanctuary Model:**

When a new program participant walks in the door, the youth is joining a treatment community that embraces the Sanctuary Model. That means HYS is committed to beginning and continuing our relationship with each young person by acknowledging the importance and impact of where they've been. Then, we engage with them to create the safe therapeutic space in which we can help them achieve goals and, ultimately, get where they want to go. Sanctuary is an every-hour-of-every-day cultural commitment and forms the basis of treatment at HYS. The agency engages in activities throughout the year to promote practice of the seven Sanctuary Commitments, culminating in a "Sanctuary Day" full of activities for youth and staff related to the theme of "SELF" (Safety, Emotions, Loss and Future.) The Youth Advisory Board is engaged to help with the practice of Sanctuary Commitments, and also participates in the quality improvement process at HYS.

**Program Goals:**

As an agency, Harborcreek Youth Services endorses a developmental trauma treatment model and individual therapies to address complex trauma in our youth (e.g. Progressive Counting, Eye Movement Desensitization Reprocessing, Trauma-Focused Cognitive Behavior Therapy, the Good Life program, etc.) Our Sanctuary philosophy includes the commitment that youth have a right to daily interaction with others that reflects mutual dignity and respect; a right to self-determination; and a right to responsible participation in decisions that affect their lives. In addition, Harborcreek Youth Services strives:

- To approach resolution of past traumas and development of coping skills using methods that are complementary to the youth's developmental level;
- To assist youth in the stabilization of behavioral health issues;
- To help youth identify a discharge plan that will include the necessary level of supervision, connection with family, and treatment services necessary to continue their progress in

treatment;

- To empower youth to make good decisions for themselves, both now and in the future by identifying protective factors to increase and risk factors to decrease, and
- To safely and productively reconnect youth with their families, neighbors and communities.

**Treatment Planning:**

The Treatment Team meets shortly after the youth's admission to Harborcreek Youth Services to create an initial goal plan within twenty-four (24) hours of admission. The team will discuss and develop the Individual Treatment Plan (ITP) within thirty (30) days. This team meets a minimum of every other week to discuss the youth's current treatment issues. Weekly Unit meetings include but are not limited to the Unit manager or assistant manager, and therapist. Assessment results are used to develop the ITP and to create the youth's goals and objectives. Discharge planning are also addressed in the ITP.

The Interagency Treatment Team meets on a monthly basis, or more often as required by the contracting agency. The initial meeting of the Interagency Treatment Team is held within fifteen days of the youth's admission to Harborcreek Youth Services to develop their comprehensive Individual Treatment Plan (ITP). Input is received from the Education and Medical Departments at these meetings through Education Summaries and Medical Updates.

**Family Participation:**

Harborcreek Youth Services' treatment philosophy promotes family participation in a youth's treatment during their stay. Parent and family involvement in the assessment and treatment process is essential to providing quality treatment services. Harborcreek Youth Services recognizes that partnering with families enables the youth to maintain and improve vital family relationships. We recognize that the parent or guardian has the biggest impact on their children; and therefore, we strongly encourage them to participate as an integral part of their children's treatment team. Often the parents become more resilient throughout the treatment process. There is a strong correlation between family involvement and the success of their children. Family therapy occurs at a minimum of one hour per week, and is conducted via phone, video-conference or in person according to a schedule agreeable to the family.

Harborcreek Youth Services makes reasonable efforts to meet with the youth and family prior to admission to our treatment facility to discuss the following:

- Reason for admission;
- Preparation for admission;
- What the youth and family can expect during the youth's treatment;
- An initial psychosocial assessment of treatment needs and possible goals; and
- A preliminary plan for discharge and return to the community
- At the time of admission to Harborcreek Youth Services, the Intake Specialist will assist the family as needed in completing the "Pennsylvania Department of Education Home Language Survey Form".
- When the primary language used by the youth or family to communicate requires an interpreter (to communicate orally in another language or American Sign Language) the agency will consult with Professional Interpreters of Erie to engage a specialist to communicate with the family.

When possible, families are encouraged to visit the agency prior to the youth's admission to the program.

Harborcreek Youth Services recognizes parents as full partners in their child's Interagency

Treatment Team. It is expected that they will participate in monthly treatment team meetings intended to plan, implement, and evaluate their treatment. In addition:

1. Harborcreek Youth Services promotes regular communication between the youth and their family, most frequently by letters, telephone calls, visits, use of video technology and participation in family groups.
2. Harborcreek Youth Services has a Family Committee which meets to discuss ways to improve family engagement and the meeting of family needs. This group sponsors a Family Fun Day, looks at the use of new technology for distant families to use as “virtual visits”, provides educational information through a newsletter and our webpage, and more
3. Harborcreek Youth Services assists the youth and family in discussing the kinds of family relationships they would like to have, resolving family conflicts, coping with being separated from family, and planning visitation both on- and off-campus.
4. Harborcreek Youth Services provides regular family visitation time on Sundays from 1 PM to 3:30 PM. Other visiting arrangements can be made by request. “Virtual Visits” – through the use of video software – are used by many families who live at a distance. As appropriate, HYS may assist families coming from a distance who have financial difficulties with gas cards or paying for a nearby hotel room. HYS also tries to accommodate families if they need to visit on a day other than our Sunday visitation day.
5. Once the pandemic is controlled, Harborcreek Youth Services may resume provision of twice-monthly transportation from Allegheny County to our campus on Sundays, at no cost, for parents to visit their child and participate in family therapy. Where appropriate, HYS has also provided gas cards or payment for a local motel in order to enable families coming from a distance to visit their child or participate in treatment team meetings.
6. Harborcreek Youth Services provides family therapy in the family home whenever possible or at the agency. If a family lives at a distance, the therapist works with the family to coordinate in-person family therapy sessions with their visits to campus.
7. Therapeutic leaves are a fundamental tool in the recovery process that provides the opportunity for building or rebuilding healthy relationships with family members, guardians, etc. Therapeutic leave shall be part of the treatment plan and shall include goals to be achieved that permit the onset and continuation of the leave. The treatment goals must be shared with the treatment team, which includes the referring agency representative whose requirements are included in the treatment plan. Therapeutic leave may not be restricted for problem behavior unless leave is contraindicated due to safety of the client, the community, or therapeutic need. HYS has developed a comprehensive policy that outlines the process of therapeutic leave and is available upon request.
8. Harborcreek Youth Services coordinates linkages for families to receive services from their own local resources as appropriate and strongly encourages the use of NAMI chapters and Family-to-Family classes.

**Assessment:**

Following admission to Harborcreek Youth Services, youth are evaluated using a variety of assessment tools specific to the youth’s needs. The ACEs Questionnaire is administered to document the various types of trauma experienced by the youth. Assessment tools include, The Behavior Assessment Scale for Children, Third Edition (BASC-3), the Trauma System Checklist for Children (TSCC), Bullying Questionnaire and the CRAFFT Screening Tool for Adolescent Substance Abuse. These assessments and others if requested will be administered at admission and then prior to discharge. Throughout treatment, such tools as the Beck Inventories, Rosenberg

Self-Esteem Scale, ADHD Symptom Self-Report, Toronto Empathy Scales and more are used for psychoeducational value as well as to track progress in treatment.

If a youth is admitted with a diagnosis of a developmental disability, an intelligence test may be administered to that youth as requested by the treatment team by a clinician with training and experience in test administration and interpretation with review by a licensed psychologist.

A comprehensive bio-psychosocial evaluation is completed within 30 days of admission. This evaluation is a complete gathering of ecological information through youth interviews, discussions with family members and/or caretakers, a review of clinical records and contact with collaborating agencies that leads to a biopsychosocial formulation and treatment plan.

July 1, 2021 HYS implemented a new policy for Self-Harm and Suicide Prevention, which incorporated the use of the NIH approved SAFE T screening and the Columbus Suicide Severity Rating Scale.

Harborcreek Youth Services' personnel utilize the Rapid Screening Tool for Child Trafficking to assess for indicators of a potential human trafficking victim and, if indicated, will conduct the Comprehensive Screening and Safety Tool for Child Trafficking to help determine next steps toward an appropriate course of action. Additional psychological testing is conducted when necessary or requested by placing agencies to assist with further treatment planning.

**Psychiatric Evaluation:**

After admission, each youth is seen by a psychiatrist or by a collaborating psychiatric nurse practitioner for initial evaluation and medication management, if needed. All recommendations for continued stay or discharge services will be made by the attending psychiatrist. Some services may be delivered via telehealth in accordance with regulatory guidelines.

**Good Life Program (Youth with Problem Sexual or Other Harming Behaviors):**

The Good Life Program is a therapist-led approach to intervening with harming behavior. The foundation of this research-informed program involves completing a Good Lives Interview and tailoring treatment to the Risk-Needs-Responsivity of each youth. Every youth begins with addressing their own trauma history and learning about self-regulation, as well as identifying behavioral health stabilization needs and setting appropriate treatment goals. Youth will participate in individual and group therapy on a range of critical areas according to their needs, such as "Healthy Physical Development", "Protecting Others", "Citizenship", "Making Better Choices", and "Building Bridges". The program helps participants to examine thinking errors, cultural influences, victim awareness and social accountability while fully addressing their own trauma (including abuse) which may have served to influence their behavior. Each youth is encouraged to have a personal plan for what they would consider to be a "Good Life", and this Good Life Plan will incorporate what is needed to increase the protective factors in their life, as well as to decrease risk factors. Individual therapy is a minimum of one hour weekly; group sessions typically occur for one hour weekly and are formed based on youth needs. Clinical therapists lead the group sessions.



**Expressive and Multi-Sensory Therapies:**

Every youth has the option to take part in a robust program of multi-sensory therapies, such as Art, Music, Therapeutic Writing, Yoga, Nature-Based Counseling and Trauma Release Exercises. Referrals for these therapies are discussed with the treatment teams and receiving therapists, and goals for each therapy are individualized and linked to the youth's Individual Treatment Plan. There is coordination between the expressive therapist and the primary therapist. Most of these therapies operate in sessions from 10 to 12 weeks, after which progress is evaluated. Youth are free to participate in more than one of these therapies at a time. Almost all HYS residential youth participate in at least one expressive therapy during their stay. Provision of Art and Music therapy by telehealth may be used as options due to pandemic related issues as well as availability of the therapists.

**Medical Services:**

The health care needs of each resident are monitored and implemented by the residential nursing staff. The nursing staff, both RN and LPN, provide direct nursing care and act as liaison with psychiatrists, general practitioners, local hospital care, and other healthcare providers. The residential nursing staff routinely administers medications. The Director of Nursing interacts with the Unit team in integrating medical care within overall treatment; and provides Nurse Health Coach counseling that encourage youth to develop their own wellness goals and to use a variety of non-pharmacological approaches to health issues. Provision of some services via telehealth may occur as appropriate or as necessary due to pandemic related issues.

**Substance Abuse Counseling:**

Youth are screened at the time of intake to determine if there is a need for drug and alcohol assessment. Once the screening and assessment process is complete, the nature of the problem is defined, and specific treatment recommendations for addressing the problem and level of care are made by the team. Treatment may involve group, individual or a combination of both forms of counseling. Currently the services are contracted through Gaudenzia Erie, Inc, and may be delivered via telehealth as necessary and appropriate.

**Life Skills and Psychoeducational Groups:**

Harborcreek Youth Services offers the ARISE Life Skills program in both its academic and residential settings. ARISE is an evidence-based program designed to motivate, encourage, and educate youth on the crucial life skills they will need to lead productive, law-abiding lives. ARISE group lessons are interactive and promote an unusually high degree of open and supportive participation, resulting in a positive acceptance, especially in those youth with learning disabilities. ARISE lessons are ideal for youth with varying achievement levels and learning needs, so they are perfect for frustrated, bored or hard-to-handle youth. The activities encourage learners to use their imagination and natural creativity; they build on passions and interests. The ARISE group lessons foster discussion, debate and personal expression, so that every participant can contribute, learn and experience success

A New Freedom curriculum is offered in our residential units to address the emotional management needs of our youth. A New Freedom addresses the most critical personal, environmental and community risk factors and builds on the most important protective factors and assets. They are built on evidence-based concepts of cognitive-behavioral therapy (CBT), motivational enhancement (MET), motivational interviewing (MI), the social learning model and key coping and problem-solving skills for relapse prevention (self-efficacy).

**Therapeutic Activities:**

Structured therapeutic activities are an important part of our program. Staff members work to-

gether to execute small group, individual and Unit activities designed to build a sense of group and community, teach appropriate social skills, build self-esteem, and provide structured after-school time. The activities include on-campus sports activities, arts and crafts, and therapeutic games as well as outings to community YMCAs, local and state parks, sporting events, and museums. HYS is pleased to offer our 50 acre campus, two gyms, outdoor basketball courts, a picnic pavilion, Sanctuary labyrinth, Zen garden, and outdoor in-ground swimming pool.

**Education:**

Harborcreek Youth Services' educational program is monitored by the Bureau of Special Education and Pennsylvania Department of Education as a Private Residential Rehabilitative Institutions (PRRI). We maintain a specialized educational facility on campus, staffed by Pennsylvania-certified teachers. Harborcreek Youth Services has developed a highly structured, individualized, and adaptive educational program that is designed to meet each student's needs.

The school environment and all related activities create a stable, consistent, and supportive learning environment that facilitates our youth's academic success. The curriculum includes math, language arts, reading, science, social studies, physical education, health, and employability skills. Students also participate in community service-learning projects. For eligible students, we provide tutoring via an evidence-based reading and spelling program (Barton System).

The educational plan for a student placed at Harborcreek Youth Services is to eventually integrate the student back into public education. We provide the student with the necessary tools to reintegrate into the school by developing self-discipline, self-control, concentration, and motivation. The students are more focused and better equipped with the necessary tools to be successful when placed back into a public school setting. Home school district personnel are invited to the discharge planning meeting to assist in a seamless transition back into the home district.

Upon admission to the agency, the parent, the teacher and Director of Education will discuss the school placement for their child. Options will be shared as to location of education, adaptations and academic planning. Additionally, the local school district (Harborcreek) and HYS will discuss the appropriate placement for the youth based on their IEP, educational and emotional needs and parent recommendations and suggestions. If the child has an IEP, the IEP goals and modifications are implemented with an enrollment meeting taking place within 30 days of the youth's admission date. As the child progresses, educational changes will be discussed with the MDT (multi-disciplinary team-parent, regular education teacher, special education teacher, LEA representative) in order to assure that best practice is taking place.

Harborcreek Youth Services offers a GED Program to older youth and those with limited success in traditional academic settings. Youth study independently in a guided classroom setting and/or in extensive homework contracts in preparation for taking the GED. In addition, the Work Experience Program (WEP) is available to all youth who are high school graduates or enrolled in the GED Program. WEP encourages our youth to develop a work ethic and occupational experience in a real work environment.

**PACTT (Pennsylvania Academic Career/Technical Training):**

Youth returning from psychiatric residential admissions face immense challenges during the transition back to their community. Many of these youth do not complete high school, making sustainable employment all the more difficult in today's economy. The PACTT program strives to improve the academic, career and technical training that youth receive while in residential admission and in their home communities upon return. For eligible students our PACTT program focuses on skills such as woodworking, CNC engraving, grounds maintenance, OSHA certifications and various soft skills. Harborcreek Youth Services has been a PACTT affiliate since

2008 and implements program elements to advance the program goals as state-wide program founder Candace Putter explains, "... to ensure that young people in residential admission receive a high quality academic education aligned with state standards and fully integrated with career training, so that students see the relevance of education and gain marketable skills to obtain a family-sustaining job that pays a real living wage".

**Referral Process:**

- The referring agency provides Harborcreek Youth Services' Intake Coordinator with relevant information regarding potential youth.
- The Intake Coordinator reviews the information, screens for appropriateness, and disseminates relevant information to the Admissions Team for review.
- The Intake Coordinator interviews the potential youth, when possible, as part of the admissions process.
- The Admissions Team discusses referrals and then makes admissions recommendations as appropriate. Harborcreek Youth Services strives to match youth with available, age-appropriate residential treatment services – preferential treatment for any groups or individuals is prohibited.
- Intake decisions can be delayed if the team requires additional information in order to make a decision. Such information will be sought by the Intake Coordinator and provided to the Admissions Team.
- Admissions Team members review a potential youth for admission based on the following admissions criteria:
  - Male
  - Ages 12-to 18 years old
  - Admission by Juvenile Probation, Child Protective Services, or by parents or caregivers through the mental health system
  - Medically necessary and/or legally necessary and review of the DSM V diagnosis
  - Not appropriate for lesser restrictive treatment services
  - Would likely benefit from treatment at Harborcreek Youth Services as determined by the Harborcreek Youth Services Admissions Team.
- Harborcreek Youth Services is unable to provide services to those youth who demonstrate any of the following:
  - Extreme aggressive behavior (i.e., numerous assaults on peers or staff in prior admissions, behavior that puts self and others at risk of serious bodily injury or harm)
  - Running away behaviors
  - Extreme self-harming behaviors
  - Acute or unstable mental health status, such as exhibiting actively psychotic behaviors, or refusal to take prescribed medications (i.e., antipsychotics, antidepressants, etc.)
  - Requiring any complex medical care that would supersede the youth's treatment needs.
- The Intake Coordinator recommends a specific Program Unit to the Admissions Team for admission of the youth.
- The Intake Coordinator reviews the information supporting their recommendation for admission with the Admissions Team at the admissions meeting and also contributes any additional information gleaned from interviews with the youth and/or their family/support system.
- Individual members of the Admissions Team provide feedback on the recommendation based upon their area of expertise.
- The decision on program admission is made by the Director of Residential Services in consultation with the Admissions Team.

Once a youth is accepted for admission, the Intake Coordinator notifies the referring agency, the

Harborcreek Youth Services program unit, and the Harborcreek Youth Services Resource Manager with an anticipated date of admission. The Harborcreek Youth Services Unit and Resource Managers also receive notification that the youth's referral information packet has been entered into the electronic records system by the Intake Coordinator once the youth has been accepted for admission and prior to arrival at the agency.

Within 24 hours of admission, youth receive an initial medical screening conducted by qualified medical personnel. Follow-up care, if required, is either provided by the agency PCP or by one of our contracted providers. A dental examination is scheduled at admission as well, unless there is documentation that the youth had a dental examination within the last six months prior to admission. Medical records are created at admission and are maintained throughout the youth's admission. Personnel from the medical department are on call 24 hours a day.

Admissions, the provision of services, and referrals of youth are made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency) age or sex.

**Discharge Planning:**

Harborcreek Youth Services discharges youth in an orderly, planned, and timely process that includes the youth and family and serves to link them to appropriate post-discharge services as a way of ensuring continuity of care and treatment success. Discharge planning begins at admission. Our agency looks at skills and achievements the youth have made while they have been with us. Through youth-focused team meetings, we develop a plan to assist the youth in maintaining and enhancing their development during the transition home and back into the community.

1. Discharge plans and aftercare service referrals are developed for all youth. HYS feels that lack of a specific discharge plan contributes to hopelessness and a lack of engagement in treatment for youth.
2. Discharge planning is an ongoing process that starts at the beginning of treatment and is included in the initial Individual Treatment Plan (ITP).
3. The Interagency Treatment Team and the youth agree on the plan during the treatment planning process. Harborcreek Youth Services staff members make recovery focused recommendations and advocate for change in the discharge plan based on their work with the youth and their family.
4. The discharge plan is reviewed and updated (if necessary) at each treatment team meeting.
5. When a youth is within thirty to sixty (30-60) days of discharge, a discharge planning meeting takes place to facilitate linkages to prepare for discharge and aftercare. Recommended linkages are made by the treatment team and are indicated in the discharge plan of care.
6. Discharge occurs:
  - A. When the youth:
    - Achieves their treatment goals as specified in the ITP;
    - No longer wants the organization's services (mental health only youth);
    - Has needs that exceed organizational resources; or
    - Refuses to meet program standards or requirements

- B. Is court-involved and the court approves a release/discharge.
7. When a youth is involuntarily discharged, the custodial agency and/or the funding agency receive written notification of the termination and the reason(s) for termination within five working days. Emergency situations may require an abbreviated approach in order to expedite the discharge process.
8. The discharge plan of care includes the following:
- A. *Demographic information*: Includes identifying information on the youth, such as name, address, and telephone number.
  - B. *Referral information*: Includes a brief description of the youth; presenting concerns at admission; and the status of the youth at the time of referral.
  - C. *Recommendations for continued treatment and aftercare services*: Includes identifying ongoing treatment needs and linkages to available resources in the youth's own community. It also includes post-discharge services and appointments that have been made on behalf of the youth.
9. A discharge summary is completed within seven days (or less) of discharge that details the course of treatment, including treatment goals, interventions, and any special considerations that involve service provision.
10. The discharge plan of care and discharge summary is filed in the youth's individual record.

## **SITE INFORMATION**

Harborcreek Youth Services  
5712 Iroquois Avenue  
Harborcreek, PA 16421  
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[gmack@hys-erie.org](mailto:gmack@hys-erie.org)

*Admissions Coordinator*  
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**PROFESSIONAL AND CHILD CARE STAFFING**

Sufficient child care personnel are on duty in the residential treatment program at all times in order to assure the safety of the children and assure that their therapeutic needs are addressed:

- The minimum on-duty direct care staff-to-child ratio required during normal waking hours and when children are not attending educational instruction is one staff person for every eight children, 10 years of age and older.
- The minimum direct care staff-to-child ratio during normal sleeping hours is one awake staff for every sixteen children, 10 years of age and older.
- One additional supervisory staff for each 16 children is on-site and immediately available to assist during emergencies or problems that may arise.

All childcare staff receive more than 40 hours of training (exceeding the state requirements) within 30 days of hire. The agency employs childcare workers whose personal characteristics and educational backgrounds are consistent with the requirements of the position. Further, the racial and ethnic backgrounds of the childcare workers reflect the profile of the children served and aid in creating a responsive, normal environment for the children in care. Staff are expected to demonstrate sensitivity toward cultural issues as well as openness, tolerance, understanding, and affirmation regarding individual differences. Staff are called to develop a genuine interest and appreciation toward learning the ways of others and celebrating those differences.

All supervisors are to meet in person with each of their subordinates at least once per month (documented) for approximately 30-60 minutes. During supervision, they train in the areas of basic job responsibilities (i.e., report writing, management of youth, treatment milieu, staff communication, etc.). Some supervisors utilize the Sanctuary Core Competencies and Supervision form for their meetings. On 16-bed units, there are a maximum of 16 staff – 9 Child Care Counselors, 2 Child Care Workers and 2 Management staff = 1:5.5 ratio. On the 12-bed units, there is a maximum of 9 staff – 7 Child Care Counselors, 2 Child Care Workers and 5 management staff = 1:4.5 ratio.

Clinical therapists receive regular individual and group supervision, according to their level of experience and licensure status. Supervision meetings are documented and logged.

All staff members are encouraged and supported financially to attend local workshops and training and are required to attend ongoing state-mandated and supplementary training monthly (including training in CPR and Therapeutic Behavior Management).

Harborcreek Youth Services is an Equal Opportunity employer. An open and equitable personnel system has been established and is maintained. Personnel policies, procedures and practices are designed to prohibit discrimination on the basis of race, color, religious creed, disability, ancestry, national origin, age or sex. An organization chart will be provided upon request.

**PROFESSIONAL, CHILD CARE, AND SUPPORT STAFF**

ADMINISTRATIVE STAFF	EDUCATION REQUIREMENTS	TOTAL FTE
<p><b>Chief Executive Officer (CEO)</b>            Administratively responsible for overall management of the PRTF. Ensures that agency objectives are realized. Provides oversight for services. Reports to the Board of Directors.</p>	Masters	1
<p><b>Director of Finance and Treatment Services</b>            Responsible for the planning, operation, coordination and refinement of fiscal operations along with that of the Clinical, Medical, Electronic Health Record and Medical Record departments. Responsible for the agency's PQI process. Oversees the provision of physical and behavioral health treatment services. Reports to the CEO.</p>	Masters	1
<p><b>Medical Director/Psychiatrist</b>            Assures the organization complies with requirements and regulations with regard to provision and documentation of psychiatric care. Oversees comprehensive youth treatment planning process. Provides youth evaluations, performs medication management and consults with assigned teams. Reports to the CEO.</p>	Board-Certified Licensed Psychiatrist	1
<p><b>Compliance Officer</b>            Director of Nursing in dual role oversees the compliance program and is responsible for reviewing and evaluating compliance issues/concerns within the agency. Ensures that management and employees are aware and in compliance with regulations of all regulatory bodies, as well as agency policies and procedures. Reports to the CEO.</p>	Masters	1
CLINICAL STAFF	EDUCATION REQUIREMENTS	TOTAL FTE
<p><b>Clinical Director</b>            Responsible for planning, operation, coordination and refinement of the agency's clinical program. Provides training and supervision for therapists in the developmental trauma and Child Trauma Institute Models. Clinical supervision for therapists using advanced therapy techniques such as Progressive Counting and EMDR. Reports to the Director of Finance and Treatment Services.</p>	Masters and Professional Licensure preferred	1
<p><b>Clinical Therapist</b>            Provides individual, group and family therapy and overall service for youth based in therapeutic intervention. Responsible for the clinical management, planning, and coordination of all aspects of the youth's program. Reports to the Clinical Director.</p>	Masters	8
<p><b>Therapist Assistant</b>            Assists unit therapists with therapy groups such as Dialectical Behavior Therapy (DBT) and Loss Support and/or other therapeutic activities as assigned. Reports to the Clinical Director.</p>	Bachelors' Level	1

<p><b>Resource Manager</b> Performs case management and serves as a professional team liaison with community agencies and legal guardians of the youth to discuss their progress, goals and future. Performs case planning and serves as a member of the multidisciplinary professional team. Reports to the Director of Residential Services.</p>	Masters	3
<p><b>Certified Registered Nurse Practitioner</b> Serves as physician extender to the psychiatrist. Attends team meetings, reviews medications and records progress. Prescribes medication as needed. Reports to the Director of Nursing.</p>	Certified and Licensed RN	.5
<p><b>Director of Nursing</b> Oversees all nursing functions and nursing staff and distributes medication. Reports to the Director of Finance and Treatment Services.</p>	RN	1
<p><b>LPN/RN</b> Provides direct health care and health care planning to youth. Distributes medication and performs related nursing functions. Reports to the Director of Nursing.</p>	Associates and Bachelor's level	5.5
<b>RESIDENTIAL STAFF</b>	<b>EDUCATION REQUIREMENTS</b>	<b>TOTAL FTE</b>
<p><b>Director of Residential Services</b> Responsible for the administration and supervision of agency Residential programs. Directly supervises Program Managers, supervises on-duty shift operation and acts as liaison with other departments. Reports to the CEO.</p>	Masters	1
<p><b>Assistant Residential Director</b> Responsible for the coordination and supervision of the functioning of residential programs, staff and residents. Oversees and monitors the Therapeutic Activities Program, plans and coordinates program activities and special events. Reports to the Director of Residential Services.</p>	Bachelors or Equivalent	2
<p><b>Program Managers and Assistant Managers</b> Directly responsible for shift supervision when on duty during morning, afternoon/evening, and overnight shifts. Reports to the Director of Residential Services.</p>	Bachelors or Equivalent	12
<p><b>Child Care Counselor</b> Responsible for the direct care and supervision of youth, provision of activities and behavior management. Reports to the Program Manager.</p>	Bachelors' Preferred High School or GED	30.75
<p><b>Night Counselor (aka Child Care Worker)</b> Responsible for the direct care and supervision of youth during normal sleeping hours. Reports to the Program Manager.</p>	High School or GED	12



EDUCATION STAFF	EDUCATION REQUIREMENTS	TOTAL FTE
<b>Director of Education</b> Responsible for the administration of all school functions and supervision of teaching staff. Ensures compliance with State and Federal regulations for regular and special education. Reports to the CEO.	Masters and PA Principal Certification	1
<b>Special Education Coordinator</b> Work with the classroom teachers to develop and monitor implementation of IEPs. Work with the IU#5 with special education support services and the special education evaluations. Reports to the Director of Education.	Bachelors/Masters/Special Education Supervision Certification	1
<b>Teacher</b> Responsible for educational instruction and classroom responsibilities within the school program. Reports to the Director of Education.	Bachelors and PA Teacher Certification	9
<b>Teacher Assistant</b> Responsible for providing a positive learning experience, as well as feedback concerning accomplishments and future placement of program participants. Reports to the Director of Education.	Bachelor's Degree	.5

## STAFF TRAINING

On an annual basis, Harborcreek Youth Services develops an updated staff professional development program plan composed of two phases:

*Orientation Training:* Within the first 30 days of employment, all Harborcreek treatment and direct care staff are required to attend approximately 59 hours of trainings, including, but not limited to the following topics:

- Ukeru (A de-escalation system to avoid hands-on intervention)
- Trauma Informed Culture (TIC) and Care
- Recognizing & Reporting Child Abuse (90 days from hire)
- Clinical Indicators of Abuse
- Human Trafficking
- Suicide Prevention
- Verbal De-Escalation and Emergency Safety Physical Intervention (ESPI) Training
- Ethics, Boundaries and Professional Conduct
- Fire Safety
- Infection Control, Health/Special Issues
- First Aid and CPR
- Confidentiality, including HIPAA Privacy
- Duties, Responsibilities, Policies and Procedures
- Department of Human Services (DHS) 3800 Regulations
- Sanctuary Model
- Performance and Quality Improvement Program

- Legal Rights of Service Recipients
- Recordable/Reportable/Unusual Incident Reporting
- Compliance
- Disaster Planning
- Cultural Diversity/Gender Related Issues
- Introduction to Complex Trauma
- HYS Protocol for Therapist Training (includes training for Good Lives Model, Trauma-Focused CBT and other treatment modalities that HYS offers)

Following the completion of Orientation training, all treatment and direct care staff receive an additional 40 hours of professional development on an annual basis, including

- Updates and refresher topics including core topics of First Aid, CPR and Crisis Prevention training
- New training topics including child development theories, case recording, assessment skill development and treatment theory and methods.
- Cultural Competency
- CASSP Principles
- Emergency Preparedness
- Mandated Reporting
- Creating a Safe Environment
- Creating a Culture of Wellness

The Harborcreek staff development program is designed to be in compliance with state and federal regulations; and is updated to be culturally sensitive, trauma-informed and evidence-based wherever possible.

## **BUDGET**

The budget for the PRTF program uses a per diem rate model of funding, where many of the costs of meeting the consumer's behavioral health needs, with the clear exception of inpatient hospitalization, are subsumed within the per diem. The per diem replaces billing for the following:

- Urgent and routine psychiatric evaluations
- Urgent and routine psychological evaluations
- Medication administration and management
- Individual, group and family therapy
- Therapeutic recreation
- Nursing coverage

## **FRAUD, WASTE, AND ABUSE**

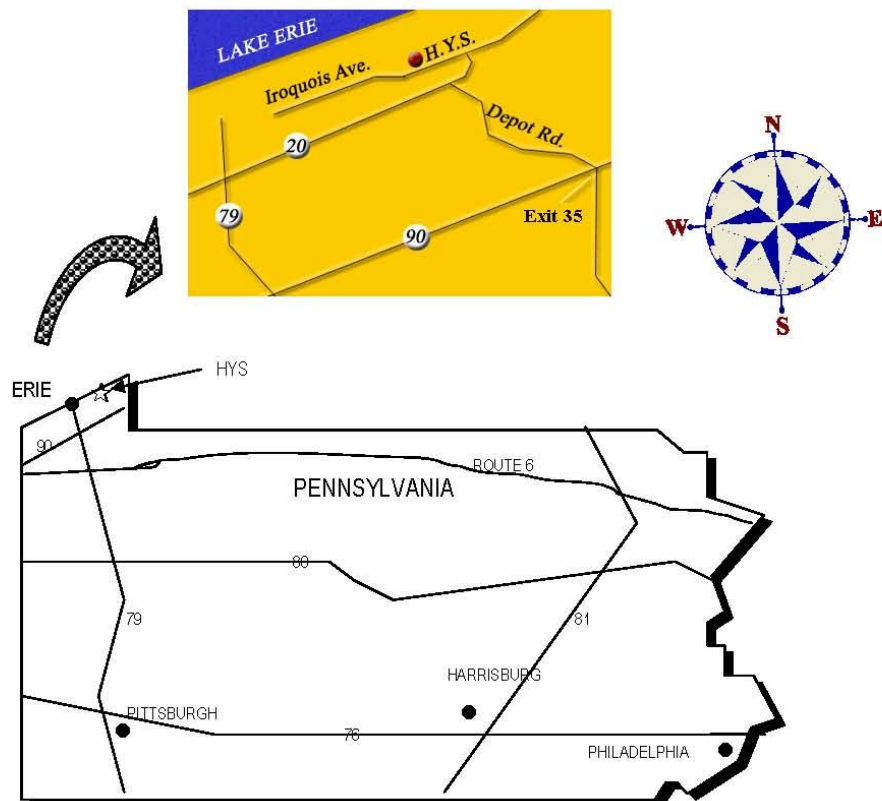
Harborcreek Youth Services has zero tolerance for the commission or concealment of acts of fraud, waste, or abuse. Allegations of such acts will be investigated and pursued to their logical conclusion, including dismissal and/or legal action where warranted. The agency maintains an anonymous phone number dedicated to address any suspected violation of law, regulation or policy. The Hotline number is 1-814-434-4667.

**CONTACT INFORMATION**

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### AGENCY LOCATION

Harborcreek Youth Services is located in Erie County, in northwestern Pennsylvania.



- Take I-79 North to I-90 East.
- Take I-90 East approximately ten miles to the Harborcreek Exit (Exit 35).
- Turn LEFT at the Harborcreek Exit (Route 531, Depot Road).
- Take 531 until it ends at the traffic light on Route 20 (2.5 miles). Turn RIGHT, and bear LEFT almost immediately.
- Go under the double railroad underpass and prepare for an immediate LEFT turn onto Iroquois Avenue (Route 955).
- Take Iroquois Avenue west one mile.
- Harborcreek Youth Services is on the RIGHT.
- Enter via the VISITOR entrance and park in VISITOR spot; you must then sign-in